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# PROVIDER ALERT

**Alert#:** PA-2010-13  
**Issued:** June 2010  
**TO:** DCF Group Home Level II & Residential Providers  
**SUBJECT:** Monthly Treatment Plan Progress Report (MTPPR) and PNMI Treatment Plan

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Dear Therapeutic Group Home and Residential Providers,

Effective July 1<sup>st</sup>, 2010, the CT BHP web based MTPPR form can be adapted to become an Initial, 30 day, and 90 day/Quarterly Treatment Plan that is PNMI (Private Non-Medical Institution) compliant.

The Program Review and Evaluation Unit (PREU) has provided specific steps to implement these adaptations and are included in the attachment.

Primarily, the MTPPR provides comprehensive information regarding each member's progress in congregate care. The decision to allow an adapted version of the MTPPR to also serve as a PNMI compliant treatment plan has been a shared effort by the DCF Residential Care team, PREU, and ValueOptions. Through our collaborative efforts we will continue to look for efficiencies in the work that we do, without sacrificing the quality of care received by our members and without sacrificing the quality of the documentation related to that care.

If you have any questions or comments, please feel free to contact the CT BHP at 1-877-552-8247.

Sincerely,

Provider Relations  
Connecticut Behavioral Health Partnership

Enclosed: Implementation Protocol and Requirements

## **Implementation Protocol and Requirements: Adapting the Monthly Treatment Plan Progress Report (MTPPR) For Use as a PNMI Compliant Treatment Plan**

### Introduction:

The Monthly Treatment Plan Progress Report (MTPPR) was developed as a report of each client's progress toward their treatment goals. Although the MTPPR is not a treatment plan, it is directly linked to the treatment plan since it documents progress on the treatment plan goals and objectives. This linkage makes it possible to adapt the MTPPR into a printed, hard copy document that can serve as a PNMI compliant Initial, 30 Day and 90 Day/Quarterly treatment plan. This adaptation will allow for a single entry of data (in this case treatment plan information) to be used for multiple applications, supporting a reduction in work effort and time.

Each Monthly Treatment Plan Progress Report submitted into the BHP system details the goals, objectives and services, and progress made, for the treatment plan in effect during its defined reporting period. The reporting periods from the first 90 days and thereafter are scheduled so that the MTPPR for the last reporting period before the treatment plan is due will be completed and submitted at least 11 days before the next treatment plan must be authorized. This allows time for reviewing the plan's goals objectives and services, discussing possible changes with all interested persons, and entering any changes into the BHP system as a new MTPPR in progress. Once any changes to the treatment plan details are entered into the new MTPPR in progress, it can be printed and incorporated as the main body of the treatment plan document. The steps to implement this adaptation will be presented below.

### MTPPR Fields to be Completed for a Treatment Plan:

It will not be necessary to complete all of the data fields in the MTPPR in order to adapt it to be a Private Non-Medical Institutions (PNMI) compliant treatment plan. However, if you choose to use the MTPPR as a treatment plan it will be necessary to complete specified data fields in the MTPPR with specified content in order for the adapted plan to be PNMI compliant. For example, for the Initial Treatment Plan it will be necessary to enter information in the MTPPR regarding the focal treatment plan intervenable factors, goals, objectives and services. However, it will not be necessary to complete any of the other the data fields including the ones on discharge planning.

The data fields and content that need to be completed in the MTPPR, when it is being adapted to be a treatment plan, will be identified for you based on the type of treatment plan that is being created: The Initial Treatment Plan, the 30 Day Treatment Plan, or the 90 Day/Quarterly Treatment Plan Updates. This information will be provided in section three (3) below on "Treatment Plan Required Additional Information/Elements." This information will also be provided in supplemental documents available from your PNMI consultant in the DCF Program Review and Evaluation Unit.

Once the MTPPR is fully completed for monthly distribution, it will not be necessary to remove any information from the data fields since the additional information will not

disqualify the adapted MTPPR from being a PNMI compliant treatment plan. Of course, each provider may include or remove any information in the adapted MTPPR in order to meet their agency needs for the structure and content of a treatment plan, provided that no PNMI required content is removed.

### Adapting the MTPPR for Use as a Treatment Plan:

In order to adapt the MTPPR for use as a treatment plan the following steps must be taken:

1. Prepare an MTPPR document in the BHP system. If you are preparing the Initial Treatment Plan for a member who is about to be admitted, enter the Behavioral Health Partnership (BHP) system and begin the first MTPPR for that member by following the BHP instructions for creating an MTPPR for a new admission. Using that newly created MTPPR in progress, go to Step 2 below for the "Treatment Plan Required MTPPR Data Fields and Additional Information/Elements" that are required for the Initial Treatment Plan.

If preparing the Thirty Day Treatment Plan, enter the BHP site and open the MTPPR in progress that you created at or before admission for the Initial Plan. Proceed again to Step 2 below and update any required fields for the Thirty Day Treatment Plan.

If preparing a 90 day (Quarterly) Treatment Plan, you must first complete and submit the MTPPR that is due immediately before the Quarterly treatment plan's due date (date required for Licensed Clinical Practitioner (LCP) authorization). Once the MTPPR has been completed and submitted, open a new MTPPR in progress for the next reporting period. Proceed again to Step 2 below and update any required fields for the 90 day (Quarterly) Treatment Plan.

Note: The MTPPR scheduling tool allows a window of 11 days between the date it is due in the system and the date the treatment plan is due (there is a 16 day window between the end of the MTPPR reporting period and the treatment plan due date).

2. Treatment Plan Required MTPPR Data Fields and Additional Information/Elements: For each of the MTPPR data fields identified below enter the additional required information/elements to the data fields to make the MTPPR content PNMI compliant as a treatment plan. It will be necessary to ensure that all PNMI treatment plan requirements are met through the information entered into the required MTPPR data fields. For each required data field identified below ensure that the required information is included within that specific data field.

- a. **Field: "Intervenable factor" (Complete for all treatment plans)** - In addition to the identified intervenable factors (symptoms that can be addressed), this field must include the sourced diagnosis (date and evaluator/or document) OR the evaluation/assessment (date and document name) that has identified it.  
(PNMI Standard 18)

- b. **Field: "Goal" (Complete for all treatment plans)** - The goal must clearly describe the anticipated improvement in the functional impairment (intervenable factor) it is intended to address. While more global, the goal should still have a clearly stated focus that identifies what is reasonably expected to be accomplished within the projected course of treatment by the provider of care.  
(PNMI Standard 19)
- c. **Field: "Objective #" (Complete for all treatment plans)** - Each objective must be presented as a specified and measurable statement that supports the attainment of the associated goal (an objective is measurable when it clearly identifies what has to be attained for completion)  
(PNMI Standard 19)
- d. **Field: "Interventions" (Complete for all treatment plans)** - In addition to the descriptive information currently required by the BHP care manager, the following must be included:
- i. Every specific service must be identified with a label that must also be used when documenting services in progress notes.
  - ii. For every specific service there must be an associated frequency of service delivery that includes the number of sessions to be provided, the duration of each session, and the period of time within which the number of sessions is to be delivered. (For example: "2 one hour sessions per week" , "1 hour session 2X per week")
  - iii. For every specific service, the provider of that service (name or role) must be identified.
  - iv. For services that will be delivered for a limited period of time or number of sessions, that limitation must be noted.  
(PNMI Standards 20; 21)
- e. **Field: "Progress Related to #" (Complete for all treatment plans)** - If this document is also to be used as the detailed review of progress, this field must include properly identified progress summaries for the particular goal as well as for each associated objective, using the embedded MTPPR numbering scheme (Goal 1-progress, Objective 1a progress, 1b progress, etc.). Every progress summary must provide a clear statement describing the progress you have made in helping the client achieve the goal and each objective during the reporting period.  
(Standard 23)
- f. **Field: "Current recommended D/C plan for youth" (Complete for 30 Day and 90 Day/Quarterly treatment plans only)** - Describe the current discharge plan. Include where the client is expected to live after discharge, what type of placement the client will be in if applicable, and what services are likely to be needed at that time.
- i. If there is a concurrent plan, it must be noted here after the current plan and labeled as "Concurrent Plan." It must include where the client will go, with whom (name or provider), when (date) and anticipated services if different from those in the current discharge plan.

- ii. If there is no need for a concurrent discharge plan, include in this field the notation "No need for a concurrent plan"  
(Standard 24)
  
  - g. **Field: "Significant barriers identified for achieving any of the d/c goals" (Complete for 30 Day and 90 Day/Quarterly treatment plans only)** - Include known barriers to achieving the current discharge plan and, if applicable, the known barriers to achieving the concurrent discharge plan.  
(Standard 24)
  
  - h. **Field: "Efforts taken to effect discharge" (Complete for 30 Day and 90 Day/Quarterly treatment plans only)** - Beginning with the 30 day treatment plan, include steps taken or to be taken to address known barriers to the current discharge plan and, if applicable, to the concurrent discharge plan that were identified in the previous field.  
(Standard 24)
  
  - i. **Field: "Projected D/C date:" (Complete for 30 Day and 90 Day/Quarterly treatment plans only)** - Include the current discharge plan's projected discharge date. This must be an actual date (mm/dd/yy).  
(Standard 24)
  
  - j. **Field: "Name relationship with whom child will be placed" (Complete for 30 Day and 90 Day/Quarterly treatment plans only)** - Include the current discharge plan's projected caregiver. Identify the actual name and relationship of the caregiver if known. If caregiver is not identified, provide as much identifying detail as possible (e.g. Casey therapeutic foster home).  
(Standard 24)
3. Printing the Adapted Plan and Exiting the MPPPR in progress: Once all of the required MTPPR fields have been properly completed, print the MTPPR in progress. This document will hereafter be referred to as the "adapted MTPPR." DO NOT submit the MTPPR as completed in the BHP system. Instead, exit the MTPPR leaving it in progress.
4. Treatment Plan Cover Sheet: Attach the completed pre-formatted, treatment plan cover sheet (auto-fill document to be provided for you) to the front of the adapted MTPPR hard copy document. This cover sheet will identify the MTPPR document as a Treatment Plan and includes other necessary identifying information. Each provider can pre-enter into the auto-fill document fixed information, such as parent agency and program name, and save it as a boiler plate document for all their treatment plans. The preformatted, DCF provided cover sheet auto-fill document or a provider created document that duplicates this format must be used if the MTPPR is to be used as a treatment plan. See cover sheet form example below
5. Treatment Plan Sign Off Sheet: Attach the completed pre-formatted, sign off sheet (auto-fill document to be provided for you) to the back of the adapted MTPPR hard copy document. This sign off sheet must be completed in order for the adapted

MTPPR to be a PNMI compliant treatment plan. This document will include the required authorization sign off by the Licensed Clinical Practitioner. It will also include sign offs for participating in and accepting the treatment plan by the child/youth, the parent/family member, the DCF staff and other interested or involved parties. The preformatted, DCF supplied auto-fill signature form or a provider created document that duplicates this format must be used if the MTPPR is to be used as a treatment plan. See sign off sheet form example below

6. PNMI Compliance Steps: Distribute or share copies of the adapted treatment plan with all required parties and file a hard copy of the treatment plan in the client's case record as required by the PNMI standards.

# Formatted Treatment Plan Cover Sheet

(Parent Company)

Program Name

(RTC or TGH Program)

## TREATMENT/REHABILITATION PLAN

Check the  
Appropriate  
Box

**Initial** /  **30 Day** /  **Quarterly**

This is normally  
the due date for  
LCP signoff. It can  
be earlier, but no  
earlier than the  
LCP sign-off

**For**

Child/Youth Name: \_\_\_\_\_

Date of Implementation of this plan: \_\_\_\_\_

I have assessed this child/youth and reviewed all available information regarding this child/youth's needs and progress, and by my signature below I am authorizing this plan as necessary and appropriate.

Authorizing Licensed

Clinical Practitioner: (Fill-in First and Last Names, Credential & Title) Date: \_\_\_\_\_  
(Printed Name, Credentials, Title) (Signature and Credentials) (Hand Date)

**Clinician**

I have discussed the goals, objectives, and interventions of this plan with JP O' Example to ensure his/her complete understanding, and have attempted to incorporate his/her concerns and suggestions into this plan.

YES-  NO-  (Explain if No): \_\_\_\_\_

Clinician Signature: (Fill-in First Last Credential & Title) Date: \_\_\_\_\_  
(Printed Name/Credential/Title) (Signature and credentials) (Hand date)

**Child/Youth : I understand and accept this plan: YES-  NO-**

I participated in the development of this plan through:

-Attending a planning meeting -Discussion with the clinician -Other \_\_\_\_\_

**Child/Youth**

Signature: (Fill-in First and Last Name) Date: \_\_\_\_\_

(Printed Name) (Signature) (Hand date)

Explanation for child/youth not signing, not accepting, or not participating in the development of this plan:

**Parent/Family Member 1- I understand and accept this plan: YES-  NO-**

I participated in the development of this plan through:

-Attending planning mtng - Attending planning mtng via phone - Discussion w/clinician -Other- \_\_\_\_\_

**Parent/Family**

Signature: (Fill-in First and Last Names & Relationship) Date: \_\_\_\_\_

(Printed Name/Relationship) (Signature) (Hand date)

Explanation for parent not signing, not accepting, or not participating in the development of this plan:

**Parent/Family Member 2 - I understand and accept this plan: YES-  NO-**

I participated in the development of this plan through:

-Attending planning mtng - Attending planning mtng via phone - Discussion w/clinician -Other- \_\_\_\_\_

**Parent/Family**

Signature: (Fill-in First and Last Names & Relationship) Date: \_\_\_\_\_

(Printed Name/Relationship) (Signature) (Hand date)

Explanation for parent not signing, not accepting, or not participating in the development of this plan:

**DCF Social Wkr/Parole Officer - I understand and accept this plan: YES-  NO-**

I participated in the development of this plan through:

-Attending planning mtng - Attending planning mtng via phone - Discussion w/clinician -Other- \_\_\_\_\_

DCF Signature: (Fill-in First and Last Names & Title) Date: \_\_\_\_\_

(Printed Name and Title) (Signature) (Hand date)

Explanation for DCF not signing, not accepting, or not participating in the development of this plan:

**Other Interested Person - I understand and accept this plan: YES-  NO-**

I participated in the development of this plan through:

-Attending planning mtng - Attending planning mtng via phone - Discussion w/clinician -Other- \_\_\_\_\_

Other Signature: (Fill-in First and Last Names & Relationship to case) Date: \_\_\_\_\_

(Printed Name and Relationship to Case) (Signature) (Hand date)

Explanation for not accepting this plan:

A copy of this plan was given to (please indicate the date the copy was given or sent and initial as sender):

Parent/Family Member 1- \_\_\_\_\_ Parent/Family Member 2- \_\_\_\_\_ DCF SW/PO- \_\_\_\_\_

Child/Youth-A copy of this plan was given to OR shared with and available to the child/youth upon request \_\_\_\_\_